

## Sun-Shading Medical Waiver Application

The purpose of this form is to apply for a sun-shading medical waiver.

Instructions: Print or type all information. Have your ophthalmologist/optometrist complete and mail to the address below.

<b>Customer Information</b> If you change either your residence/home address or mailing address to a non-Virginia address, your driver's license or photo identification (ID) card may be canceled.					For DMV Use Only	
					LOG Number	
Full Legal Name			Last	First	Middle	Driver's License or Social Security Number
Residence/Home Address <input type="checkbox"/> Check here if this is a new address.						
City				State	Zip Code	City or County of Residence
Mailing Address (if different from above)						
City				State	Zip Code	Daytime Telephone Number ( )
Date of Birth	Gender	Weight	Height	FT	IN	Eye Color
Hair Color						
Vehicle(s) to be equipped with sun-shading material (List additional vehicles on reverse.)						
Year	Make	Model	Vehicle Identification Number (VIN)			License Plate Number
Applicant's/Legal Guardian's Signature						Date

<b>Physician/Nurse Practitioner/Optometrist Information</b> Licensed physician/nurse practitioner/optometrist completes this section.	
Physician's/Nurse Practitioner's/Optometrist's Name (Print)	Title
Address	Telephone Number ( )
In my opinion, use of vehicle sun-shading is necessary for my patient's health. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical condition that requires the use of sun-shading	
Physician's/Nurse Practitioner's/Optometrist's Signature	Date

Sun-Shading Allowances Information			
To be eligible for sun-shading, as provided in Va Code §§ 46.2-1052 and 46.2-1053, the vehicle must be equipped with both left and right outside mirrors.			
Vehicle Window	Minimum Percent of Light Allowed		
	Without Medical Waiver		With Medical Waiver
	Regular Passenger Vehicles	Multi-Use Passenger Vehicles	
Windshield	No sun-shading allowed	No sun-shading allowed	35% - upper 5 inches or to AS-1 line or 70% - entire windshield
Front Side Windows	50%	50%	35%
Rear Side Windows	35%	No limitations	35%
Rear Window	35%	No limitations	35%
If you have questions, contact our customer service representatives at: 1-866-DMV-LINE (Voice) 1-866-368-5463 or 1-800-435-5137 1-800-272-9268 (Deaf or Hearing Impaired Only).			Mail completed application to: Department of Motor Vehicles Medical Review Services Post Office Box 27412 Richmond, Virginia 23269-0001